

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25968

Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 746
(b) Township Canell Primary Registration District No. 39755
(c) or City 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(d) Street No. 1
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frank Norman

(a) Residence, No. Reynolds Co. St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rationella Norman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1869
7. AGE YEARS 72 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

13. NAME Stanley Norman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

15. MAIDEN NAME Bessie Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT (ADDRESS) A. C. Goggin
Coridon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reynolds DATE July 22, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. C. Goggin
Reynolds

20. FILED Aug 1, 1941 in 28 Pp. the

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 11:36 PM 1941

22. I HEREBY CERTIFY, That I attended deceased from July June 3, 1941, to July 21, 1941

I last saw him alive on June 3, 1941. Death is said to have occurred on the date stated above, at 11:30 PM.

The principal cause of death and related causes of importance were as follows:

Cancer of the Stomach

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. L. Hanson

(Address) Bunker, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.